

Form APlaintiff ☐ Check if new address/phone numberName Daniel M. RISISAddress 19 Fordham RdLivingston NJ 07039Email Address daniel@mikrobankTelephone Number 307.388.9105 ext.DISTRICT COURT
~~Superior~~ Court of New Jersey

Law Division, Special Civil Part

ESSEX CountyDocket Number 23-CV-03428

vs.

Civil Action**Notice of Motion**Defendant ☐ Check if new address/phone numberName PB FINANCINGAddress 100 American Motor BlvdHAMILTON NJ 08609Email Address tduggan@stark-starkTelephone Number 909-895-1395 ext.

Check one:

☐ I do not request Oral Argument☒ I request Oral Argument**PLEASE TAKE NOTICE** that I will apply to the DISTRICT ~~Superior~~ Court of New Jersey, Law Division, Special Civil Part, _____ County located at(address) _____, in the above entitled matter for an **Order** to:☐ Permit Discovery☐ Vacate Dismissal/Reinstate Complaint☐ Amend Complaint☐ Amend Answer☐ Amend Judgment☐ Enter Judgment Out of Time☒ Vacate Default/Vacate Default Judgment (must include answer, any cross-claims or counterclaims, and the application fee; see step 6 on page 6)☐ Other (Specify) _____

NOTICE: IF YOU WANT TO RESPOND TO THIS MOTION YOU MUST DO SO IN WRITING. Your written response must be in the form of a certification or affidavit. That means that the person signing it swears to the truth of the statements in the certification or affidavit and is aware that the court can punish him or her if the statements are knowingly false. You may ask for oral argument, which means you can ask to appear before the court to explain your position. If the court grants oral argument, you will be notified of the time, date and place. Your response, if any, must be in writing even if you request oral argument. Any papers you send to the court must also be sent to the opposing party's attorney, or the opposing party if not represented by an attorney.

Form A

If you do not notify the Clerk and the undersigned in writing within ten (10) days of service of the motion that you object to entry of the order sought, the court, in its discretion, may enter the order against you without a hearing.

8/16/23

Date

Signature

Daniel M. Risis

Type or Print Name

Check one: ☒ Plaintiff / ☐ Defendant

Certification of Service

I certify that I served a copy of this motion and any accompanying pages (check one)

☐ Personally on the person(s) or attorney(s) listed below.

☒ By mailing it to the person(s) or attorney(s) listed below by regular **and** certified mail.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Timothy Duggan (PB Financing)

(Name)

(Name)

7022 041000021851 8131

(Certified Mail Number)

(Certified Mail Number)

100 American Metro Blvd

(Address)

(Address)

HAMILTON NY 08009

(City, State & Zip Code)

(City, State & Zip Code)

(Name)

(Name)

(Certified Mail Number)

(Certified Mail Number)

(Address)

(Address)

(City, State & Zip Code)

(City, State & Zip Code)

8/16/23

Date

Signature

Daniel Risis

Type or Print Name

Check one: ☒ Plaintiff / ☐ Defendant